



585-755-7647
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Dog Training Enrollment Form

Customer's Name (Last name, First name, Middle initial) _____

Dog's Name _____

Age of Dog _____

Breed of Dog _____

Street Address _____

City, State _____

Zip Code _____

Phone: _____ Best time to call: _____AM _____PM

E-mail Address: _____

Please circle Yes or No to the following questions:

Has your dog had a Rabies vaccine?	Yes	No
Has your dog been spayed or neutered?	Yes	No
Did you adopt your dog as a puppy?	Yes	No
Have you had any previous training?	Yes	No

Are you interested in Private lessons or Group classes? _____

If you are interested in Private lessons do you have a behavioral issue you would like to address?

How did you hear about us? _____

Please list any other concerns: _____

In order to participate please provide proof of current vaccinations. Since positive reinforcement training techniques are used there will be no choke (chain) or prongs collars admitted. It will also be helpful to bring some soft bite sized treats. Treats help to reinforce the behavior. Retractable leashes are not permitted because it makes it difficult to control your dog.

Please read and sign the statement below:

I understand and agree that Scooter's School of Sit and Stay shall not be liable for any injury or damage to any person, dog or property which results from the training or behavior of my dog. I also agree that Scooter's School shall not be held liable for any costs or expenses incurred as a result of my dog's participation in the training.

We also reserve the right to refuse or terminate training services to you and your dog at any time for any reason.

Customer's signature _____ Date _____